## 2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## DOCLIMENT # NIOSOOOOSSAS



**FILED** 

Feb 26, 2007 8:00 am Secretary of State

1. Entity Nam BROKEN	VIENT # N98UUUUU SOUND CORPORATE CI ITION, INC.		ONDOMINIU	IM			02-26	-2007 9	0069 04	6 ****61.	25
Principal Place of Business 6800 BROKEN SOUND PKWY STE 200 BOCA RATON, FL 33487		6800 B STE 200	Mailing Address 6800 BROKEN SOUND PKWY STE 200 BOCA RATON, FL 33487						IL <b>19</b> 7111 <b>50</b> 51 <b>0. 1</b>		(( <b>)    </b>
2. Principal Place of Business - No P.O. Box #		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				0221200	7 Chg-N	IP	CR2E0	37 (12/06)	
City & State	9	City &	State			4. FEI Nur 65-08	nber 376293			<del></del>	plied For at Applicable
Zip	Country	Zip		Cou	untry	5. Certifica	ate of Status	Desired		\$8.75 Add Fee Required	
	6. Name and Address of Curren	nt Registered	Agent			7. Name a	nd Address	of New R	egistered	Agent	
					Name						
STE 200	KEN SOUND PKWY				Street Add	ress (P.O. Box Nur	nber is Not A	Acceptable	e)		
BOCA RA	TON, FL 33487										
					City				FL	<u> </u>	
	named entity submits this statement ions of registered agent.	for the purpose	e of changing its	registere	ed office or re	gistered agent, or	both, in the S	State of Flo	orida. Lam	familiar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered age										
	argulature, typed or printed have or registered ago	eni and litie it applica	ble. (NOTE	Registere	d Agent signature	required when reinstating			DATE		
	Filing Fee is \$61.25 Due by May 1, 2007	eni and litte it applica	9. Election Cam Trust Fund C	npaign F	inancing	\$5,00 Ma	y Be		lake chec	k payable to	
10.	Filing Fee is \$61.25 Due by May 1, 2007		9. Election Carr	npaign F	inancing tion.	\$5.00 Ma	y Be es	Flor	lake chec	rtment of S	tate
10.	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND D		9. Election Cam Trust Fund C	npaign F Contribut	inancing Lion.	\$5.00 Ma Added to Fe	y Be es	Flor	lake chec	rtment of S	tate
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

marc

561-988-1700